be permanent in its effects than either his own or Mr. Holt's method. He agreed with Mr. Acton that this was highly nseful in some cases. An important distinction existed between forcible catheterism and distension, which had been well drawn by Mr. Fergusson; the dangers of that now happily exploded method resulted from tearing away the stricture from its connections, and driving it down the urethra. Simple expansion from within outwards, provided it was thoroughly efficient, had now been proved to be unattended with danger. Finally, it was most satisfactory to him to hear from Mr. Holt and others the success which had attended his operation, becanse in some particulars it was closely allied to his own proceeding; thns, he contended that Mr. Holt's operation might be perfectly performed with his (Mr. Thompson's) instrument, but that the latter possessed in addition these two advantages—first, power to carry the distension to a much higher point; and, secondly, that it could be done gradually and slowly, so as to over-distend the tissues as much, and rupturc them as little as possible. It was on these two grounds of difference that he claimed for this proceeding an examination and a trial, since he conceived them to constitute an improvement of no mean value.—*Med. Times and Gaz.*, May 2, 1863.

38. *Observations on Ovariotomy, etc., Statistical and Practical; also, a Successful Case of Extirpation of both Uterus and Ovaries.*—Dr. Clay gave to the Obstetrical Society of London (March 4, 1863) a brief and interesting outline of his experience on this very important branch of surgery. Of 109 peritoneal sections, of which 104 were for ovarian extirpation, 3 for cutting down upon the tumour to establish ulceration where its removal was known to be impracticable, 1 for the Cæsarean operation, and one for the removal of both uterus and ovaries. Of the 104 ovarian cases, 72 recovercd, 32 died; all the 3 ulcerative cases recovered; the Cæsarean section lived to the fifteenth day; and, lastly, the case of entire removal of both uterus and ovaries recovered. Of the 32 deaths, 10 died from the immediate consequences of the operation, 10 from inflammation, 10 from prostration, and 2 from hemorrhage. The great majority of the first and second series were young females, as well as a portion of the third division. Those from prostration were chiefly elderly females. Some other statistical facts were elicited, as well as the following remarks from the author: Dr. Clay still defends the raised temperature of the room for operation, and attributes much of his success to its influence; is not certain if chloroform has added anything to the successful results, although he values it highly as an agent which it would now be difficult to lay aside, although the first fourteen of his cases were performed before it was discovered, and of which nine recovered; and he still thinks, if a woman could face the difficulty without it, it would be in her favour. The large incision is still practised by him, and deemed far preferable to the smaller opening. Of course, the author wished to be understood that the incision was to be commensurate with the tumour to be extirpated. Dr. Clay gave many reasons for this preference. The distressing vomiting he conceived to be in a great measure owing to the use of chloroform, as he saw but little of it in the first fourteen cases where it was not used. For this troublesome symptom he advises patience until the blood has got rid of its load of carbon, the simplest of drinks, and as little food as possible. Some very well ascertained facts of critical days were adduced, which would require too much space to dwell upon; suffice it to say, the third, sixth, and ninth were the principal, and the causes of each were pointed out. No particular age seems to be prominent in respect to the success of these cases. Dr. Clay himself stated them to be about equally successful at all ages from sixteen to fifty-seven. Purgatives are not admissible; and he relies on enemas, with ox-gall, etc. This part of the paper was concluded by some interesting remarks on ovariotomy for the last twenty years, and the difficulties the author had to encounter, not the least of which was misrepresentation. The author next gave in detail a new and interesting operation, which he believed to be the first of its kind, successful at least, in this country—namely, the entire extirpation of the uterus and its ovaries through the abdominal walls, which has ended most fortunately, the lady returning to her friends on the thirty-fifth day after the operation, and still continuing well, thus establishing another great fact in reference to abdo-

minal surgery. The case was that of a fibroid uterus of eleven pounds weight, with the ovaries in an unhealthy condition; and the tumour by its growth had latterly so entirely filled up the cavity of the pelvis as to render the passage of the feces and urine extremely difficult. The particulars of the case throughout its progress were given. Dr. Clay does not suppose that many uterine cases could be advisedly extirpated, bnt thinks some of those densely-hard fibroid masses, where the constitution has not been greatly prostrated, might afford a fair prospect of cure under the knife.

Mr. SPENCER WELLS said that he must not be supposed to undervalue the very useful paper of Dr. Clay, or to be nngrateful for the lessons which he had taught us all by his able advocacy of ovariotomy, if he (Mr. Wells) ventured to discuss two very important steps of the operation in which his own practice, and the practice in London generally, differed from that of Dr. Clay. Dr. Clay still advocated the long incision; and he still left the tied end of the peduncle and the ligature within the peritoneal cavity. He could boast of a success attending this practice of 70 per cent. of recoveries to operations, and as success was the best criterion in surgery, it might seem presumptuous to question the wisdom of any operative proceeding practised so successfully. But his (Mr. Wells') own experience had led him so decidedly to prefer the short to the long incision, and to keep the tied end of the pedicle outside rather than to leave it in, that he could not help suspecting that Dr. Clay's great experience in the operation had led him to success in spite of a method which more recent experience had modified or corrected, and which men of less experience could not follow without great danger of failure. After long incisions there was so much more exposure or escape of intestine during the operation, so many more serious symptoms after it, and so comparatively protracted a recovery, even in successful cases, that his (Mr. Wells') own experience had taught him to avoid any greater length of incision than was necessary for the exposure and removal of the cyst or tumour. Every inch in the length of incision appeared to add something to the chances against the patient, and in cases where he had the choice either of making a long incision and removing a tumonr entire, or of breaking up a tumour and removing it through a small opening—even though ovarian fluid might unavoidably escape into the peritoneal cavity and require careful sponging for its removal—he wonld prefer this alternative rather than make a very long incision. So, in his experience, those patients in whom it had been necessary to leave the pedicle and ligature within the peritoneal cavity had suffered so much more after the operation, and their recovery had been so much more protracted than others where the peduncle had been kept outside, that he would always prefer to keep it out if he could, and so avoid the danger of absorption of the putrid matter of the strangulated stump, or the peritonitis connected with the effusion of fibrin thrown out to circumscribe the stump and ligature. It seemed probable that the frequent occurrence of peritonitis in Dr. Clay's practice was in some measure dne to his manner of treating the pedicle; for in his (Mr. Wells') own practice, peritonitis was a rare accident. Of eighteen fatal cases, it had only had any important share in the fatal result in two; in all the others, shock or exhaustion after the operation, or blood-poisoning, having been the cause of death; while in successful cases he hardly remembered peritonitis in any patient where the pedicle had been kept out. As to the temperature of the room, in his earlier cases he had followed Dr. Clay's practice; but latterly he had found it better simply to have the room kept comfortably—not excessively—warm, and after the patient was in bed to keep a good fire burning and a window open night and day. In the use of opium also he had learnt to avoid all excess. If there was pain or restlessness, it was given in moderate doses, and repeated if necessary; but some patients had recovered without taking a single dose, and others with not more than two or three doses. Sometimes it was given to secure a good night, even if there was no pain. With regard to the removal of uterine tumour by abdominal incision, it was only under the most exceptional circumstances—where the life of the patient was in great danger from hemorrhage or the effects of pressure—that such an operation as that so snccessfully performed by Dr. Clay could be justifiable. Pedunculated peritoneal outgrowths from the uterus might be removed

with moderate risk, and so might ingrowths towards the uterine cavity or vagina; hut any attempt to enucleate interstitial fibrous tumours of the uterus, either hy incision through the ahdominal wall, or hy incising the cervix *per vaginam*, was attended hy such very great risk that nothing but the most nrgent necessity would justify the practice. He (Mr. Wells) said this rather as the result of his own ohservation, than as any conclusion suggested by Dr. Clay's successful case.—*Med. Times and Gaz.*, April 18th, 1863.

39. *Vesico-vaginal Fistula.*—Dr. I. Baker Brown read (Feb. 4, 1863), hefore the Obstetrical Society of London, an interesting paper on vesico-vaginal fistula, the mode of operating, and the results obtained in fifty-five cases at the London Surgical Home. In the first part of the paper the author gave an account of the method at present followed hy him in operating. The various steps of the same were illustrated hy drawings. No bars or clamps are used. The knives employed are two—one for the right hand, and one for the left. The needles, of various curves, forming a series fourteen in number, are on the same principle as Startin's, hut of rigid material. They are armed with wire, and thrust through the pared edges, great care being taken to avoid the mucous coat of the hladder. The two ends of the wire are simply twisted round and round, and so fastened. The patient is afterwards laid on the side, and a male elastic catheter, with bag attached, kept in the hladder. She is kept quiet ten or fourteen days, and the wires removed. The operation is often completed in ten minutes. The total number of cases of vesico-vaginal fistula admitted into the London Surgical Home since its foundation, four years and a half ago, is 58. Of that number, 55 were submitted to operation, with the results as shown in an accompanying table. The remaining 3 were not operated upon in consequence of the bad condition of bodily health, the result of syphilis. Of the 55 cases treated, 53 were operated upon by the author, 1 by Mr. Nunn, and 1 by Mr. Harper. Of the total number of operations, 43 were followed by perfect cure, 1 was much relieved, 2 died, 5 were not cured, and 4 are still under treatment, with every prospect of cure. Of the 43 cures, in 24 this result followed the first operation, including the cases of Mr. Nunn and Mr. Harper; in 8 the cure occurred after the second operation; in 5 after three operations; and in 6 after more than three operations. Of the other cases which were not cures details were given in tables exhibited. Of the two fatal cases, 1 died eighteen days after the operation, apparently from exhaustion, the age of the patient being 56; the other died seven days after from pyæmia. With regard to the causes of vesico-vaginal fistula. Of the 58 cases admitted into the London Surgical Home, 47 were over twenty-four hours in labour, and 39 were as much as thirty-six hours or more; 7 were two days, 16 were three days, 3 were four days, 2 were five days, 2 six days, and 1 seven days. In the whole number of cases, instruments were used in 29, exactly one-half; and in 4 only of these was the labour less than twenty-four hours, and with 7 exceptions the patients had heen thirty-six hours, or more in labour before instruments were used. Of the 58 cases, in 24 only the injury happened at the first labour, in 7 at the second, in 5 at the third, in 4 at the fourth, in 6 at the fifth, in 2 at the sixth, in 5 at the eighth, in 1 at the ninth, in 1 at the thirteenth, in 1 at the fifteenth, and 2 not mentioned. In many of these cases, notwithstanding the existence of the fistula, the patient hore several children, apparently without inconvenience, before coming under treatment; and in a few of them, subsequent to cure hy operation, other children have been born without recurrence of mischief. In a large proportion of the cases there is a history of the birth of a very large child; in some it weighed 15 lhs.; and in one, that of the woman in whom the lesion happened at the fifteenth labour, the child weighed 17 lbs. From the foregoing statistics it is evident that the cause of the lesion is protracted labour, and not the use of instruments or deformity of the pelvis; and, as a necessary conclusion to what has been stated, it follows that vesico-vaginal fistula would scarcely or never occur if a lahour were not allowed to become protracted: that is a point for the careful consideration of the society and of practitioners at large. A printed tahulated statement as to the 55 cases operated on was handed round. Mr. Brown further stated that he had had 11 other cases under his care at St. Mary's Hos-